

Inventor: Garry A. Mercaldi
Title: Low Selectivity Deposition Methods
Assignee: Micron Technology, Inc.
Serial No.: 09/643,004
Filing Date: August 21, 2000
Docket No. MI22-1358

INFORMATION DISCLOSURE STATEMENT
PURSUANT TO 37 C.F.R. §§1.56, 1.97 AND 1.98


In compliance with 37 C.F.R. §§1.56, 1.97 and 1.98, your attention is directed to the U.S. Patents and other documents listed on the attached Form PTO-1449, and copies of which are attached. No admission is made regarding whether the submitted references are prior art.

Citation of these references is respectfully requested.

Respectfully submitted,

Dated: 06 Jan 2005

Attorney: _____


James E. Lake
Reg. No. 44,854

01/12/2005 BABRAHA1 00000007 09643004

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Form PTO-1749
JAN 06 2005
PATENT & TRADEMARK OFFICE

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

LIST OF ART CITED BY APPLICANT
(Use several sheets if necessary)

ATTY. DOCKET NO.
M122-1358

SERIAL NO.
09/643,004

APPLICANT Garry Mercaldi

FILING DATE
August 21, 2000

GROUP
2823

U.S. PATENT DOCUMENTS

*Examiner Initial	Document Number	Date	Name	Class	Subclass	Filing Date If Appropriate
AA	4,058,430	11/1977	Suntola et al			
AB	6,627,503	9/2003	Ma et al			
AC	6,630,201	10/2003	Chiang et al			
AD	6,727,169	04/2004	Raaijmakers et al			
AE	6,620,723	09/2003	Byun et al			
AF	6,458,416	10/2002	Derderian			
AG	5,597,609	01/1997	Beisswenger et al			
AH	6,290,824	09/2001	Ishikawa et al			
AI	6,358,377	03/2002	Schloremberg et al			
AJ	6,627,260	09/2003	Derderian et al			
AK	5,937,300	08/1999	Sekine et al			
AL						

FOREIGN PATENT DOCUMENTS

Document Number	Date	Country	Class	Subclasses	Translation	
					Yes	No
AM						
AN						

OTHER REFERENCES (including Author, Title, Date, Pertinent Pages, Etc.)

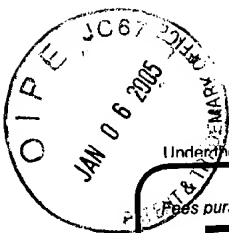
AO			
AP			
AQ			
AR			

EXAMINER

DATE CONSIDERED

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 180.00

Complete if Known

Application Number 09/643,004
Filing Date August 21, 2000
First Named Inventor Garry A. Mercaldi
Examiner Name J. Maldonado
Art Unit 2823
Attorney Docket No. MI22-1358

METHOD OF PAYMENT (check all that apply)

- ☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 23-0925 Deposit Account Name: Wells St. John P.S.
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$)

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

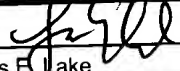
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Supplemental Information Disclosure Statement

180.00

SUBMITTED BY

Signature  Registration No. 44,854 Telephone (509) 624-4276
Name (Print/Type) James E. Lake (Attorney/Agent) Date Jan 6, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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